Exact statement of OCCUPA. CORD. Every item of infor-PHYSICIANS stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. TARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAIN

V. S. Mo. 1

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should state

Village or City East New Market Village or City East New Market (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. (a) Residence: No. Cast New Market Source (a) Residence: No. Cast New Market	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Eart Man Moth Length of tesidence in city of town whyse death occurred. Length of tesidence in city of town whyse death occurred. (It death occurred in a hought of mistuition, give in NAME instead of street and number) (It death occurred in a hought of its mistuition, give in NAME instead of street and number) (It death occurred in a hought of its mistuition, give in NAME instead of street and number) (It death occurred in a hought of its mistuition, give in NAME instead of street and number) (It death occurred in a hought of its mistuition, give in NAME instead of street and number) (It death occurred in the short of the Name of the		Registration Dist. No.
2. FULL KAMP LE Source (a) Residence: No. Cart New March (Usual place of abody) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Village or City East hem market	No. St., Ward
(a) Residence: No. Cart Num. Market. Mel. St., Ward. Honoreident give city or town and State		_
3. SEX 1. COLOR OR RACE Thomas Service of Race S. SINGLE, MARKETD, WIDOWED. OR DISORDER Commended would) 20. DATE OF DEATH (Month) 1. Day 1. DATE OF DEATH (Month) 1. Day 1. DATE OF DEATH (Month) 2. DATE OF DEATH (Month) 1. DAY 1.	(a) Residence: No. East new morest, M.	
59. If married, wildowed, or divorced HUSAND (Married) 6. DATE OF BIRTH (month, day, and year) Mary 3 - 1898 7. ACE Years 3 Months Days If LESS than 1 day hrs. or min. 8. Trade profession, or particular hind of work done, as SPINNER, The Married Work and done, as SPINNER, SAWER BOOKKEER, etc. 9. Industry or Dusiness in which was done, as SIK MILL, Public School work was done, as SIK MILL, Public School Saw Mills, BARK, etc. 10. Date deceased last worked at this occupation (month) and suppletion of the contributory Causes of importance. 11. BIRTHPLACE (city or town) Days In List of the Contributory Causes of importance. 12. BIRTHPLACE (city or town) Days In List of the Contributory Causes of importance. 13. MAIDE MARKE MARK of Contributory Causes of importance. 14. BIRTHPLACE (city or town) Days In List of the Contributory Causes of importance. 15. MAIDEN NAME Margarte 2 Phillips 16. BIRTHPLACE (city or town) Days In List of the Contributory Causes of importance. 17. INFORMANT Days In June Market Margarte 2 Phillips 18. BIRTHPLACE (city or town) Days In List of the Contributory Causes of importance. 18. BIRTHPLACE (city or town) Days In List of the Contributory Causes of importance. 18. BIRTHPLACE (city or town) Days In List of the Contributory Causes of importance. 19. UNDERTAKER HAME MARKET AND MARKET MARK	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) May 3-1898 7. ACE Years 3 Months Days If LESS than 1 dayhrshrs. or min. 8. Trade, profession, or particular SAWER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. Public School SAWER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. Public School 11. Date decessed last worked at the occupation (month and year) 12. BIRTHPLACE (city or town) State or country) 13. NAME 14. BIRTHPLACE (city or town) State or country) 15. IS BIRTHPLACE (city or town) State or country) 17. INFORMANT Addy6537 18. BIRTHPLACE (city or town) Addy6537 Date of country 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. INSTALL SIRCH AND	OR DIVORGED (write the word)	(ingest 16 1931
6. DATE OF BIRTH (month, day, and year) May 3-1898 7. AGE Years 3 Months A Gay. 1 day. hrs. or min. 8. Frade, profession, or particular strong or min. 9. Industry or business in which saw the control of the date stated above at 30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 9. Industry or business in which saw the same of the control of the date stated above at 30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 9. Industry or business in which saw the same of the control of the	HUSBAND of	0
7. AGE Years Months Days If LESS than 1 day, on the date stated aboug at \$0	6 DATE OF RIPTH (month day and year) he and 3 - 1898	
8. Trade, profession, or particular kind of work done, as SPINNER, by earlier skind of work done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER, by earlier skind of work was done as SPINNER. By earlier skind of work was done as SPINNER. By earlier skind of work was done as SPINNER. By earlier skind of work was done as SPINNER. By earlier skind of work was done as SPINNER. By earlier skind of work was done as SPINNER. By earlier skind of work was done as SPINNER. By earlier skind of work was done	7. AGE Years 33 Months Days If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9. Industry or business in which work was done as SILK MILL, Public Sclored 30. Date diversed last worked at this occupation (month and year) 31. Date diversed last worked at this occupation (month and year) 31. BIRTHPLACE (city or town) 42. State or country) 43. NAME 44. BIRTHPLACE (city or town) 45. Manuel of operation. 14. BIRTHPLACE (city or town) 46. BIRTHPLACE (city or town) 47. INFORMANT 48. BIRTHPLACE (city or town) 49. Manuel of operation. 17. INFORMANT 40. State or country) 40. State or country 40. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, EREMATION, OR REMOVAL 41. Place 42. Manuel of operation. 43. If death was due to external causes (VIOLENCE) fill in also the following: 44. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 45. Manuel of injury 46. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 46. Was disease or injury 47. Nature of injury 48. In so, specify 48. Specify 49. Was disease or injury in any way related to occupation of deceased? 49. Manuel of injury 40. Specify 40. Specify 41. Was disease or injury in any way related to occupation of deceased? 40. Specify 40. Specify 40. Specify 41. Specify 42. Was disease or injury in any way related to occupation of deceased? 40. Specify 41. Specify 42. Was disease or injury in any way related to occupation of deceased? 43. Was disease or injury in any way related to occupation of deceased? 44. Was disease or injury in any way related to occupation of deceased? 45. Was disease or injury in any way related to occupation of deceased? 46. Was disease or injury in any way related to occupation of deceased? 46. Was disease or injury in any way related to occupation of deceased? 47. Specify 48. Specify 49. Specify 49. Specify 49. Specify 49. Specify 49. Specify 49. Specify 40. Specif	8. Trade, profession, or particular	Date of onset
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation Other Contributory Causes of importance: (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 10. Other Contributory Causes of importance: (Address) 17. INFORMANT (Specify city or town) (Specify city or town) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 20. FILEDAUL 17. 19.3 Wellow the address of injury in any way related to occupation of deceased? 17. Other Contributory Causes of importance: (Address) 18. MAIDEN NAME (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. Specify (Signed) 10. Here Contributory Causes of importance: 19. Undertaker (Address) 10. Here Contributory Causes of importance: 19. Undertaker (Address) 10. Here Contributory Causes of importance: 19. UNDERTAKER (Address) 10. Here Contributory Causes of importance: 19. Undertaker (Address) 10. Here Contributory (Address) 11. Here Contributory (Address) 12. Head the vasc diagnosis? 12. Head the vasc diagnosis? 13. Here Contributory (Address) 14. Here Contributory (Address) 15. Here Contributory (Address) 16. BIRTHPLACE (city or town) (State or country) 18. Here Contributory (Address) 19. UNDERTAKER (Address)	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmmany Interculous. 1930
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation Other Contributory Causes of importance: (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 10. Other Contributory Causes of importance: (Address) 17. INFORMANT (Specify city or town) (Specify city or town) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 20. FILEDAUL 17. 19.3 Wellow the address of injury in any way related to occupation of deceased? 17. Other Contributory Causes of importance: (Address) 18. MAIDEN NAME (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. Specify (Signed) 10. Here Contributory Causes of importance: 19. Undertaker (Address) 10. Here Contributory Causes of importance: 19. Undertaker (Address) 10. Here Contributory Causes of importance: 19. UNDERTAKER (Address) 10. Here Contributory Causes of importance: 19. Undertaker (Address) 10. Here Contributory (Address) 11. Here Contributory (Address) 12. Head the vasc diagnosis? 12. Head the vasc diagnosis? 13. Here Contributory (Address) 14. Here Contributory (Address) 15. Here Contributory (Address) 16. BIRTHPLACE (city or town) (State or country) 18. Here Contributory (Address) 19. UNDERTAKER (Address)	work was done, as SILK MILL, Orblic Schools	
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, OREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. MAME 11. Date of manual place (Specify city or town, country and State) Name of operation What test confirmed diagnosis? Where did agnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 10. Was disease or injury in any way related to occupation of deceased? 11. Informant (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Specify (Signed) 11. Was disease or injury in any way related to occupation of deceased? (Signed) M. I	11. Total time (years) this occupation (month and spent in this	
What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whether injury Nature of injury Nature of injury 19. UNDERTAKER Address Last Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Carrette of country of the specify whether injury in any way related to occupation of deceased? Manner of injury Nature of injury Specify (Signed) Carrette of country of the specify of the		Other Contributory Causes of importance: Intestinal Juhroulain 1931
What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Specify whether injury Nature of injury Nature of injury 19. UNDERTAKER Address Last Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Carrette of country of the specify whether injury in any way related to occupation of deceased? Manner of injury Nature of injury Specify (Signed) Carrette of country of the specify of the	13. NAME Stantes & Billion	
15. MAIDEN NAME Mage te 2 Philos 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 17. INFORMANT (Specify city or town, county and State) Manner of injury Nature of injury 19. UNDERTAKER (Address) 17. INFORMANT (Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 18. Out of the following: 20. FILEDURY 17. 1931 21. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) 22. FILEDURY 17. 1931 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M. I	14. BIRTHPLACE (city or town)	41 . V-R
Company Comp	15. MAIDEN NAME Margrete & Philips	23. If death was due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT (Address Last New market me 18. BURIAL, CREMATION, OR REMOVAL Place ast new market me 19. UNDERTAKER (Address Last new market me (Address Last new market me (Address Last new market me (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M. I	0 16. BIRTHPLACE (city or town)	Where did Injury occur?
Place Ast Now mark Date. Clerg 1 8 ., 19-31. 19. UNDERTAKER A 14 Willowshing (Address) East New market mg 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed).		
19. UNDERTAKER 17 19. UNDERTAKER 18. Was disease of injury in any way related to occupation of deceased? 24. Was disease of injury in any way related to occupation of deceased? 16 so, specify (Signed) (Signed) (Signed)	18. BURIAL, CREMATION, OR REMOVAL	
20. FILEDULA (, 193)		24. Was disease of injury in any way related to occupation of deceased?
	20. FILEDang 17, 1931 Jot Parka Registrar.	1.00- 050

OFFICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Every item of information should be carefully supplied. ACE should be stated EXACTLY P CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING TH UNFADING INK--THIS IS A PERMAN MARGIN RESERVED FOR NLY, WRITE PL

V. S. No. 1

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1	PLACE OF DEATH County Wy Chusling Control County Charles Control County Charles Control Contr	CERTIFICATE OF DEATH
	Village or City Cambrilge (No. Cambrilge	Registration Dist. No. //6 Judy M. H. H. St.: Ward) (If death occurred in a hospital or institution, give its NAME is -
	2FULL NAME Clfry Whale	stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH OF A STR., 1664 (Month) (Day) (Year)	17 PHEREBY CERTIFY, That I attended the deceased from 192/. to
	7 AGE (04 yrs. 10 mos. 10 ds. If LESS than 1 day hrs. or min.	and that death occurred on the date stated above, at 4.701 m. The CAUSE OF DEATH * was as follows:
1	(a) Trade, profession or particular kind of work	annue tililation : vilatioten
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosds.
	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
	10 NAME OF MM Cahael	(Signed) A Tun Stell M. D. 8/18 1921 (Address) Cambridge My 1
	OF FATHER (State or country) 12 MAIDEN NAME 1.	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Way Elong Lathe	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Franc-
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. Where was disease contracted, 2
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Ho livan R. Colace	usual residence
	(Address) Folo-alahng Mi.	Folorabling Md, Date of Burial Date of Burial
	Filed ang 18 1981 Elloy Registrar	20 UNDERTAKER ADDRESS J. Framplin + Son Intraditional
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coat muse, laborer, Farm laborer, Haborer, Haborer the duties of the sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spriner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhold fever (never report "Typhold Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY intercurrent) affection need not be Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYI	AND-	CERTIFIC	CATE	OF	DEAT	TH
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0	1	4	I	4

1. PLACE OF DEAT	H	1017 (1)		
County Doro	chester.			Registration Dist. No. 118
Village or City	Hurlo		,	No. St Ward
0. 7				f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city	or town where de	eth occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	Lewis Ga	ry Chr	istopher	9
(a) Residence: No	Hurlock	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND	STATISTIC	AL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
	or RACE	OR DIVORCE	RIED, WIDOWED, D (write the word) Tied.	21. DATE OF DEATH Aug. 9th. 193 I (Month) (Day) (Year)
5a. If married, widowed, or divore HUSBAND of	ced			
	anna Chi	ristoph	er,	22. I HEREBY CERTIFY. That I attended deceased from
	0		- TOOT	, 19.07., 10.00
6. DATE OF BIRTH (month, day, 7. AGE Years	Months	Davs	If LESS than	I last say he elive on the date stated above, et 52 52 2m.
49	TO	19	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
		19	ormin.	were estollow: Paren chamater Date of onset
8. Trade, profession, or par kind of work done, a SAWYER, BODKKEEP	S SPINNER, RE	tired	Farmer.	Control of the Time of males
9. Industry or business in	which			raypus
work wes done, as SI SAW MILL, BANK, et	LK MILL,			
10. Date deceased last work this occupation (moni	ed at	11. Total t	ime (years) nt in this	
year)			upation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)				Other Contributory Causes of Importance.
(State or country)	Maryl			
13. NAME James	s L. Chr	istoph	er,	
13. NAME James 14. BIRTHPLACE (city or tow	(n)			Neme of operation
(State or country)	Mary	land.		What test confirmed diagnosis? Wes there en au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or tow	Lena Le	wis.		23. If death was due to external ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or tow	(n)			Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Mary	land.		Where did injury occur?
17 INFORMANT Mrs.	Luanna	Christ	opher,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address)	Hurlock	, Md,		•
18. BURIAL, CREMATION, OR RE			-0H #-	Manner of Injury
Place Federal:	sburg. Mc	Pate Aug	1901	Nature of injury
19. UNDERTAKER J.T. F	ramotom	& Son		24. Was diseese or injury in any way related to occupation of deceased?
	ralsbur			If so, specify
20. FILED Clug 12 1	31/1/2/	T. Ho	din 92	(Signed) A Dog M. D
20.11.20	so the site of	Carlot Marie Control	Registrar.	(Ardress) Juliano

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	40	Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 5 3022	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURREAT V g	July 5, 1927	Peritonitis	3 days ago
Other contributory c	eauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			product at a second control of the second co	

05413 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.: Ward) a hospitel or institu-tion, give Its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 6 DATE OF DEATH MARRIED BINDING WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH n terms so that See instruction (Month) (Day) If LESS than and that death occurred on the date stated above, at Co. 7 AGE I day bre. The CAUSE OF DEATH * was as follows: RESERVED or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work carefully TH in plai (b) General nature of industry important business, or establishment in (Durstion) ... which employed or (employer) Contributory ARGIN 9 BIRTHPLACE Secondery (State or country) Be EA. (Duration) 10 NAME OF DD OF FATHER (Address) 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER atlon CAUS (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place of deathyrs.......mos......ds. OF MOTHER (State or Country) PPO Where was disease contracted, if not at place of death?... should ent of TO THE BEST OF MY KNOWLEDGE Every item CIANS sho statement usual residence. BURIAL OR REMOVAL 20 UNDERTAKER If more branks are needed, addrag State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-;" etc., For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy For persons who have no occupation -Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

32 telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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St.: Ward) St.: Ward) St.: Ward) MEDICAL CERTIFICATE OF DEATH
St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of atreet and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw halive on 192 that I last s
MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE MED
MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw h alive on 192 and that death occurred on the date stated above, at many many many many many many many many
16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 that I last saw h alive on , 192 and that death occurred on the date stated above, at m, 192 The CAUSE OF DEATH * was as follows:
(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 that I last saw h slive on , 192 and that death occurred on the date stated above, at m, 192 The CAUSE OF DEATH * was as follows:
that I last saw halive on, 192, 192, and that death occurred on the date stated above, at, 192
that I last saw halive on, 192, and that death occurred on the date stated above, at, b. The CAUSE OF DEATH * was as follows:
s. The CAUSE OF DEATH * was as follows:
The Bonn MA Hall De Process
111 alle deser
(Duration)yremosde
Secondary Secondary (Durstion) yrs mos gode.
(Signed John & Hashing Doful le M. D.
State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
At place In the of deathyrsmosds. Stateyrsmosds
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OLLAS HOVE CILE QUE ST., 19.3.
20 UNDERTAKER ADDRESS Prom
rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material the first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specimeanum as way laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,")

> American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be valvular heart disease; etc. The contributory

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V. S. No. 1

PLACE OF DEATH PORPORATE LIMITE OF	09415 STATE OF MARY
Village or City Cambridge (No. 305)	CERTIFICATE OF Registration Dist. No.
2FULL NAME Annie E Col	tlon.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
Remale Black Single, Widowed, Widowed, Widowed, Widowed, Widowed, Write the word)	16 DATE OF DEATH AV 2 Y
6 DATE OF BIRTH (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended to
7 AGE If LESS than I day hrs. ds. or min.	and that daath occurred on the data stated above, a The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry (business, or establishment in	Coronary Theory
which employed or (employer) P BIRTHPLACE (State or country) Wor. Co. Rd	Contributory Secondary (Duration) (Duration)
11 BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER Willeau Strawbey OF FATHER (State or country) ON. On.	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) OF. OV.	18 LENGTH OF RESIDENCE (For Hospitals, Incients or Recent Residents) At place of deathyrsmosds.
(Informant) Clouda Rollimne (Address) Sieura Ma	Where was disease contracted, if not at place of death? Former or usual residence
Filed (lug 26 193) E. Wolff Registrar	20 UNDERTAKER OLAR. Cum
If more planks are needed, address State Kegistral	r, to tr. Daratoga Dt., Datto, Nadassting t. D. 110. 1.

09415 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(if death occurred in a hospital or institu-tion, give its NAME in-stead of streat and

number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 2 , 192
17 1 HEREBY CERTIFY, That 1 attended the deceased from 2 4 1921 to avg 2 4 193/.,
that I last saw har alive on 2.0, 192,1,
and that dash occurred on the data stated above, at Am. The CAUSE OF DEATH * was as follows:
Coronary Thronton
Duration) wis mos de.
Contributory
(Signed) (Address) (Address) (Address) (Duration) (Dura
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death yrs mos ds. In the State yrs mos ds.
Where was disease contracted, if not at place of death?
Former or usual residence
Waugh Cemster aug 26, 1526
The Clase, Cumbridge Ml

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neceshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b)

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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ac. *	PLACE OF DEATH	STATE OF MARYLAND
¥ X	County Donehister	CERTIFICATE OF DEATH
, o	A STATE OF THE PARTY OF THE PAR	.11
ated EXACTLY, operly classified	Village or City Cambridge R (No. 2	Registration Dist. No. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and
A SEE	2FULL NAME Danil Ones	number.)
stated properl of certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S S S S	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 e , 1934 (Month) 2 9 (Day) / 7 3 ((Year)
INDII ERMA hould t may on ba	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
PH P	July 20, 1931	20 1981 to May 22, 1984,
ACE that	(Month) (Day) (Year)	that I last law hair alive on day 22, 1931,
ED FOR ETHIS IS A Pulled. ACE sums so that hestructions	7 AGE If LESS than 1 day hrs.	and that death occurred on the date stated above, at 9 . 34
/ED THIS spiled	yrsds. ormin.?	Limitum
See	6 OCCUPATION (a) Trade, profession or particular kind of work	Bronche grumonia (Onney)
RESER G INK efully s in plain tant. S	(b) General nature of industry business, or establishment in	***************************************
NG Per rtar	which employed or (employer)	(Duration) Quanto mos 20 ds.
IARGIN REUNFADING	9 BIRTHPLACE (State ox country)	Contributory Secondary
RG IFA	I 10 NAME OF	(Durstion)yrsmosds.
MARGIN UNFADI Ould be ca	FATHER JOS IN THE STATE OF THE	(Signed) Carroll In St Clin M. D.
H H S	o 11 BIRTHPLACE	ang 23 1924 (Address) June + Celsi St
atlon cCAUSI	OF FATHER (State or country) Donchister Co my 12 MAIDEN MAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
2 E 0 Z	of MOTHER Cligabeth Cornich	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
Inform	13 BIRTHPLACE OF MOTHER	At place In the
004	(State or Country) Combudge Tra	of deathyrsds. Stateyrsds. Where was disease contracted.
30	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
WRITE y Item NS sho	(Informant) The E. Chrish	usual residence
WRITE Every Item CIANS she statement	(Address) 16 Phillip St Cambridge In	Campudge aug24 19.31
N. N	Filed aug 24, 1981 SEWolf Begistrar	Levis H Bajun Carbert
D Z	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
		and the same of th

(Approved by U. S. Census and American Public Health Association.)

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BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken er," etc., without more precise speciments. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an tired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Registras

If more blanks are needed, addre.s Ltate Registrar, 16 W. Sarathga St., Balto. Requesting V. S. No. 1.

V. S. No. 1

BINDING

RESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation er," etc., without more precise specimeaning, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Deal-For many occupations a single word or term on or At Home, and children, not gainfully em-

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If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

certificate. back of CAUSE OF DEATH in plain terms, so that it may See instructions on mation should be carefully supplied. TION is very important. -WRITE PLAINE

V. S. No. 1

(Addrass)

		_
PORPORATE LIMITESTATE OF MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(50)	
County Dorshester,	Registration Dist. No.	
0 0:1 41 0:1	. 0 .,	-
Village or City Cambridge Mospillo	death occurred in a hospital or institution, give its NAME instead of street and number)	d
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth? yrsmos ds	s.
2. FULL NAME Wilhelmina J.	. Dloner	
(a) Residence: No. Cambridge IId (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	3123
S. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Oav) 193 (Year)	
ia. If marriad, widowad, or divosed HUSBAND of Corp. WIFE of Farry W. Glover	22. I HEREBY CERTIFY. That I attanded deceased from	m
5. OATE OF BIRTH (month, day, and year) Sept 6-1863	I last saw h. aliva on aug 27- 19 71; death is sai	ld
AGE Yaars Months Oays If LESS than 1 day,	to have occurred on the date stated above, at C. / T. m. The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:	
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Thosp. lance of life gate of onse	
9. Industry or business in which work wes done, as SILK MILL, A SAW MILL, BANK, atc.	ling lad.	1-
10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) Carry spent in this occupation month and year)	when I for	4
12. BIRTHPLACE (city or town) (State or country) (State or country)	Other Contributory Causes of Importance: October Contributory Causes of Importance: Other Contributory Causes of Importance: Other Contributory Causes of Importance:	7
13. NAME W.M. R. Constock		
(Stata or country)	Neme of operation Oata of Whet tast confirmad diagnosis? Was there an autopsy?	
15. MAIDEN NAME Wary Bryant	23. If daath was due to external causes (VIOL ENCE) fill in also tha following:	
16. BIRTHPLACE (city or town). (Stete or country)	Accident, suicide, or homicide?	
7. INFORMANT Mrs. A hite (daughter)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OB REMOVAL &	Manage of Indian.	
Plece Southold N. Data aug 3/1931	Manner of injury	
2 0 0 0 0 0	Neture of injury	-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, spacify (Signed)

(Addrass)

24. Wes disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	4
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Cition of the control	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RITERIAN	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

TARGIN RESERVED FOR BINDING

V. S. No. 1

State

STATE OF MARYLAND—CERTIFICATE OF DEATH				
1. PLACE OF DEATH		(50)	o. DEMI	09420
County Dorchester			Registration Dist.	No. 116
Village or City Woolford,	Md ,	. Np.	XX	St. Ward
Langth of rasidance in city of them where death oc	curred yrsmos	f death occurred in a horpital or institute. ds. How long in U.S. If oore CPE	tion, give its NAME inste	ead of street and number)
(a) Residence: No. Woolford	, Md. • , Usual place of abode)	St., Ward.	If nonecident since	10
PERSONAL AND STATISTICAL		MEDICAL C	ERTIFICATE OF	city or town and State
3. SEX 4. COLOR OR RACE 5. SIN	GLE, MARRIED, WIDOWED, DIVORCED (write the word) Married	21. DATE OF DEATH	Que (Month)	(Day) (Yoar)
5a. If married widowed, or divorced HOSBAND of William M. H		1	That I attended deceasad from	
6. DATE OF BIRTH (month, day, and year) Febu	ary o	I last saw her alive on	any. 5	, 193/ ; daath is said
7. AGE Yeers Months	Days If LESS than 1 day,hrs.	to hava occurrad on the date state The PRINCIPAL CAUSE OF DEAT ware as follows:		importance
8. Trade, profassion, or particular kind of work dona, as SPINNER, House wife SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and x year)		Corcinom.	I brank	Date of onset
			0	
			1 b	
12. BIRTHPLACE (city or town) Middletow (State or country) Delaware	Other Contributory Causes of Impo	creance: Count of Kin		
🖺 13. NAME Charlie Jones				
14. BIRTHPLACE (city or town) Delaw (Stata or country)	Neme of operation		Dete of	
🖺 15. MAIDEN NAME Hannah M. M	arian.	23. If daath wes due to axiernal cau		- Wes there an autopsy?
15. MAIDEN NAME Hannah M. M 16. BIRTHPLACE (city or town) (State or country) Delawa	Accident, suicide, or homicide? Whare did injury occur?			
17. INFORMANT Wm M. H. Gore. (Address) Woolford, Md.	Specify whathar Injury occurred in	(Specify city or town, INDUSTRY, in HOME, o	, county end State) or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Meddletarroate. 8/17, 193/		Mannar of Injury		
19. UNDERTAKER G. S. LeCompte (Address) Cambridge. Md.	24. Was disaese or injury in any wa	y related to occupation	of deceased? 20	
20. FILED Aug. 16 , 1931 E	(Signed)	EHW muhidzi	e Isla. M.D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more branks are nasdad, addrasa State Registrar, 16 W. Sarato a St., Balto., Requesting

09421

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. // 6

1	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
Ì	
	(Month) Z (Day) 3 (Year)
,	July 4 1981 to any 12 , 1981,
	that I last saw h sor alive on ang 12 , 1937,
1	and that death occurred on the data stated above, at 9:30 pm.
	The CAUSE OF DEATH * was as follows:
	Gulmonary Julienlasin
	(Duration) about 8 mos ds.
	Contributory Secondary
	(Durstion) yrsmosds.
	(Signed) Coroll TRSt Class M. D.
•	ang 12 1984 (Address) June + Celer St
	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL
	Wangh Com try 16" 193/
•	20 UNDERTAKER AND AND RESS

V. S. No.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womsary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "(Traemia, ""(Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not Chronic interstitial nephritis, Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease Example: Measles (disease etc. The contributory

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V. S. No. 1

County Druhestu County Druhestu	09422 STATE OF MARYLAND
County Stuchester	CERTIFICATE OF DEATH
	Registration Dist. No. // 6
Village or City Cambudge (No. 240	Ward) (If death occurred in a hospitel or Institu- tion, give its NAME in- stead of street and
2FULL NAME Willie Trum A	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 5 - , 1924 (Month) 2 5 (Day) 3/ (Year)
8 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 7 , 1934, that I last sew h 12 alive on 2 5 , 1934,
7 AGE If LESS than 1 day hrs.	and that death occurred on the date stated above, at 1.48 a.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Ashatinsii
(b) General nature of industry susiness, or establishment in which employed or (employer)	(Duration) alaut yrs. 6 mos. ds.
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos de.
10 NAME OF FATHER Comish	(Signed) Charle Instellin M. D.
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Diama Comst	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE Jayling Island OF MOTHER (State or Country)	At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Samuel Augu	usual residence
(Address) 29 Oak Som, Carl My	Taylors and Cemeler aug 27, 1031
Filed aug. 3.2, 1981 Es Wall	20 UNDERTAKER Clean Cambridge MA
If more branks are needed, address State Registrar	, 16 W. Seratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"(Exhaustion," "Heart failure, Haemorinage, "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases "Uraemia," "Weakness," etc., when a definite disease Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 2

Hem of infor-

M

1. PLACE OF DEATH	CERTIFICATE OF DEATH 09423
County Durchester	Registration Dist. No. // 2_
7	No. St. Ward
Village or City / Common (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Lawer	ance Augus
(a) Residence: No. 7 review (Usual place of abode)	St., Ward. / If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Mynth) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	The second format is a second format from
(or) WIFE of	1 HEREBY CERTIFY that I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) Zero 18 1899	Mast saw h 11 alive on Quy 28 1, 131; death is seld
7. AGE Years Months Oays If LESS than C	to have occurred on the date stated above, at 11-Qm.
3 3/ 9 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were estollows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dennes Scherosis 1926
9. Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	-
10. Oate deceased last worked et this occupation (month end GA spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Cherry Co. Mev.	
14. BIRTHPLACE (city or town)	
(State or country)	Name of operation
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
[State or country]	Where did Injury occur?
17. INFORMANT Im John Elfrigher	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place On Home Farm Oate aug 81, 1951	Nature of injury
19. UNDERTAKER Wellingby Jan (Address) 56 63. Hers Market	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO aug 29, 19 81 Elejabeth N. beaft	(Signed) To Junhlun an M. D. (Address) A unblum an M. D.
The state of the s	

CTATE OF MADY AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis U 11. A. I.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I VED		Example II	
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Chronic interstitial nephritis TREAT V	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

PLACE OF DEATH	09420 STATE OF MARYLAND	
County Dorchestes	CERTIFICATE OF DEATH	
211-00	Registration Dist. No. / / 9	
Village or City doddville (No.	St: Ward) (If death occurred in a hospital or institu-	
2FULL NAME Dorlena Jo	tion, give its NAME in- stead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female White Single, Marked, Lingle OR DIVORCED (Write the word)	16 DATE OF DEATH Qug 25 , 193	
6 DATE OF BIRTH	17 I HEREBY CERTIFY That I attended the deceased from	
(Month) (Day) (Year)	192 to , 192 , that I last saw halive on, 192,	
7 AGE HILESS than	and that death occurred on the date stated above, at	
l dayhrs.	The CAUSE OF DEATH * was as follows:	
yrs	The ferry county in according	
(a) Trade, profession or particular kind of work	med Burn at Full Lerna	
(b) General nature of industry business, or establishment in	The first of the second of the	
which employed or (employer)	(Duration)yremoede.	
9 BIRTHPLACE (State or country)	Contributory Secondary	
10 NAME OF FATHER DO ON	(Signed) Wilson D with Love M. S.	
II BIDTHE ACE	are 26 199) (Address) Brokspis Head	
OF FATHER (State or country) (maryland	*State the Disease Causing Death or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of MOTHER Monie of Lodd	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of death yrs ds. State yrs ds.	
(State or Country) Adv Co ma	Where was disease contracted.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
(Informant) Percy Jones Father	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
(Address) (Todowille my	Loddille ange 6, 1,31	
Filed aug 26 1929/ Wilson & Pritchell	merril Forwell Crapo my	
If more banks are needed, addres State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

1 1

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (up or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foremon, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation mill; (a) Salesman. (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetinus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

N. B.--Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LY, WIH UNFADING INK--THIS IS A PERMAN WRITE PLA

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	09427 STATE OF MARYLAND
County Dorches lev	CERTIFICATE OF DEATH
00000	Registration Dist. No. / / 9
Village or City Foldwill (No	St.: Ward) (If death occurred in a hospitel or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH aug 24, 198/ (Moth) (Bay) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(MG 17 , 193) (Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE	and that death occurred on the date stated above, at 10 Amm.
7, I dayhrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	ns physician of
(a) Trade, profession or	1 awinglines
particular kind of work (b) General nature of industry	was some af dulf derm
business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF PORCH &	(Signed) William & Prischell Lin Reg M. D.
11 BIRTHPLACE	ang 24198/ (Address) Bishups All of
State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Monif A Lorda	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds. Steteyrsmosds.
(State or Country) Maryland	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF WY KNOWLEDGE	if not at place of death?
(Informant) Percy Lones	usual residence
(Address) Toddwille me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ang 25, 1931
15 Filed ang 24 198/ Wilson & Tratchel	merrit Forwell Craps my
If more bianks are needed, address State Registrat	r, 16 W. Seratoga St., Belto., Requesting V. S. Ne1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesman, (b) Automobile factory. The material cngineer,

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> *(Recommendations on statement of cause of death approved by Committee on Nomenclature of the (secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease tctanus) may be stated under the head of "contributory." "(Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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V. S. No. 1

Dr.	P. H.	Tawes			
MARY	LAND	-CERTIFIC	ATE	OF	DEATH

STATE OF

02428

1. PLACE OF DEATH	(31)
County Dorshester	Registration Dist. No. 💆 // 6
Village or City R. F. D. Cambridge Md.	No. X Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Harrison Jones	
(a) Residence: No. Bishops Head, Md. (Usual place of abode)	, St., Ward. IO If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE Marked, Widowed, OR Divorced (write the word) Married	21. DATE OF DEATH August I7 (Year) (Year)
5a. If married, widowed, or divorced	
HUSBANO of Rhoda Ann Pritchett	22. I HEREBY CERTIFY, Thet I attended deceased from
	Jan. 22 ,193/ , to Aceg ! 7 ,193/
6. DATE OF BIRTH (month, day, and year) Sept I3 / I859 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 30 Pm. M.
I day. hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
7I II 4 ormin.	le kroner Ingo-carle Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Waterman	le knower myo
9. Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Oato deceased last worked at this occupation (month and spent in this	
year) oscupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Bishops Head	Bleave Interestitial haple
(State or country) Maryland	ritio
当 13. NAME Robert Jones	
13. NAME Robert Jones 14. BIRTHPLACE (city or town) Bishops Head (State or country) Maryland	Name of operation Oate of
(State of Country)	What test confirmed diagnosis 2 Was there an autopsy?
15. MAIOEN NAME Emoryline Jones	23. If death was due to external causes (VIOLEILE) fill in also the following:
15. MAIOEN NAME Emoryline Jones 16. BIRTHPLACE (city or town) Bishops Head (State or country) Montal and	Accident, suicide, or homicide? Date ef injury, 19
(State or country) Maryland	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT John W. Jones (Address) Wingates, Md.	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bishops, Head, Md. 8/19/31.	Nature of injury
19 UNDERTAKER G. S. Le Compte	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cambridge, Md.,	If so, specify
20, FILEO. aux 18, 1981 Escholy	(Signed) U. H. harver M. D.
Registrar.	(Address) Cambridge Seco

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
SEE 9 1961			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

ate	X	CERTIFICATE OF DEATH
ii st	1. PLACE OF DEATH	(31)
should f QCC	County Donham	Registration Dist. No.
shou of	Village or City Lodden Me, and	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
. 70	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIAN ement	2. FULL NAME M. Minn Jull /	mia:
YSI Stat	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PHY:	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT EXEC LY. PH I. Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Months) (Day) (Year)
A C T ssifted	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lyda Jones	22. I HEREBY CERTIFY, That I attanded decaasad from
E E	6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at \$1.5%.m.
HIS IS A I be stated be properly of certifica	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER RDDKKFEFFER etc.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset 1928
VK—TH should b it may b n back o	SAWYER, BDDKKEEPER, etc	refiliretes
H H + 0	10. Oate deceased last worked at this occupation (month and yaar)	Other Cantributory Causes of importance:
ed. so is, so tructi	12. BIRTHPLACE (city or town) (State or country)	
·	13. NAME 14. BIRTHPLACE (city or town)	
in se	14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
Y, WIT's carefully H in pla ortant.	15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill In also the following:
Y, are H ii	15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
be be EAT imp	17. INFORMANT August (Address)	Where did injury occur? (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
E S S	18. BURIAL, CREMATION, DR REMOVAL Place Industry 1, 1931	Manner of Injury
Mation CAUSI	19. UNDERTAKER Trank E. Alburgh. (Addiess)	24. Was disease or injury in any way related to occupation of decaased?
zi (T)	20. FILED Aug 8, 19 3/ Wilson & Vritche Registrar.	(Signed) J. Jacobs M. D. (Address) Bassella Ly 2006
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis S - 3	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Bubbyu A 8	1		
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Castroenteritis	1 year

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	116	G.	10
(Every item of information should be carefully supplied ACE should be year	2	etatement of OCCUPATION is very important. See instructions on back of ce
1	-	~	B
1	>	10	To
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1PLACE OF DEATH	
County Dorchester	(

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 112

	v Vienna, R.I	onths-Premature)	St.:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSO	NAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFI	CATE OF	F DEATH
s sex Male	4 COLOR OR RACE	B SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)		nth)	-(Day)(Year)
6 DATE OF B	IRTH .	July 28th., 1931. (Day) (Year)	17 I HEREBY CERTIFY, T July 28th., 19231 that I last saw h 1 m. alive on	. Augus	st 4th., 1931, st 4th., 1931,
7 AGE OCCUPATION (a) Trade,	on profession or		and that death occurred on the day The CAUSE OF DEATH * was as for Premature child- birth, insufficiently vive •	Protri	acted dry-
(b) General business, or which empl	nature of industry establishment in oyed or (employer)	Olice Otto	Contributory	ation)	yrs
9 BIRTHPLAC (State or 10 NAME FATHE	Mar R Russell	yland. Lewis.	(Signed) Salvard & 8/6/31. 192 (Address)		
12 MAID 4 OF MO 13 BIRTH OF MO	e or country) Mar EN NAME OTHER Alma Ma	yland. rie Richardson. yland.	*State the Disrase Causin Violent Caus s, state (1) Mes Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death yrs	or Hospita	
(Informa	E IS TRUE TO THE BES	wis.(Father.)	Where was disease contracted, if not at place of death? Former or usual residence		DATE OF BURIAL Aug.,6",,31.
-	3.6" 1931.80		20 UNDERTAKER None rec Family will bury h	quired	ADDRESS Md .

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," et:., william leborer, Laborerwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," 'Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, report specifically the occupations of persons enneer, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day who are engaged in the duties of the For persons who have no occupation -Coul mine, etc. Womperson, irrespective of Locomolive engineer,

Statement of Cause of Death—Name, first, the pistasse Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Branchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state Means of Injury "PUERPERAL septicacnia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merel y symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tunior" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, cause for which surgical operation was under-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Chronic Example: Measles (disease etc. valrular heart Nomenclature The contributory disease; of the

If this certificate is looked over thoroughly and all questions and need in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate in permanently filed.

9	PHYSI- ed. Exact	,
CORD	od EXACTLY erly classifi rtificate.	
MANY	uld be state lay be prop back of cer	
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	WRITE PLACY, WITH UNFADING INK-THIS IS A PERMANIT I CORD	WRITE PLACY, VATH UNFADING INKTHIS IS A PERMAN, IL CORD N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PLACE OF DEATH County Drelute County Drelute	STATE OF MARYLAND CERTIFICATE OF DEATH
Vittege or City Cambridge (No. Cambridge (No. Cambridge) Cambridge (No	Registration Dist. No. Ub Ward) (If death occurred in a hospital or institution, give its NAME in stead of stract and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH May 19 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 1924 to 5 7 , 1927 that I last saw h mailire on 5 7 , 192 2
7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows: Zincle Ethe anasellhein for
(a) Trade, profession or Retirul particular kind of work (b) General nature of industry of the man business, or establishment in	Hernid
business, or establishment in which employed or (employer) Car shuff	Contributory Curdii Nos. Renal deserre Secondary Tectoris (Durstion) 7 yrs. mos. de.
10 NAME OF Juliu B. Wath	(Signed) Juny Steele M. D. S/17 1921 (Address) Cumbridge Mdi
OF FATHER (State or country) 12 MAIDEN NAME 9 C 7	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many 6. Marthurs 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place of death yrs mos ds. United State yrs mos ds. Where was disease contracted, Shank F. Wel.
(Informant) Mis Ella R. hath	Former or L. N. Suo 164 - MM, usual residence
(Address) Cambridge MM.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Paltural Md. Aug. 19, 19 20 UNDERTAKER, ADDRESS
Filed any 17 1921/ Erl aff	H. H. Willoughby East new mon
If more bianks are needed, address State Registra	r, 16 W. Seratoga St., Baito., Requesting V. S. No. 1. ud.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enborer, Form loborer, Loborer—Coal mine, etc. Wom-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Iraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuky State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilwoy troin-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF		OF MAR	YLAND-	CERTIFICATE OF DEATH	432
County	Dorcheste	r		Registration Dist. No.	16
Village DOCO	Airey	's R. I	F. D.	NoSt.,	Ward
Length of reside	nce In city or town where	deeth occurred		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S.If of foraign birth?	
2. FULL NAM	E Rudolf	Oswald	1		
(a) Residence	: No. Airey's	R.F.D. (Usual place	THE RESERVE AND ADDRESS OF THE PARTY OF THE		l State
	L AND STATIST			MEDICAL CERTIFICATE OF DEATH	
Male	White	5. SINGLE, MAR OR DIVORCE Mal	RIED, WIDOWED, D (write the word) PIED	21. DATE OF DEATH August 27 [Day)	[,493
5a. tf married, widowed HUSBAND of (or) WIFE of	ertifd Lena	. Pigelov	٧	22. I HEREBY CERTIFY. That I attandad	2
6. DATE OF BIRTH (m	onth day and year)	5/1/187	72	t tast saw the salive on 19 9	death is seld
7. AGE Years 59	Months 3	Days 26	If LESS than I day,hrs.	to have occurred on the date stetad above, at 5 A • m • The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
SAWYER. B	on, or particular k done, as SPtNNER, DOKKEEPER, etc.	Farmer		Volvelar/fear6	Date of onset
9. Industry or bu work wes d SAW MILL,	siness in which ona, as SILK MILL, BANK, etc				<i>y</i>
1D. Date daceased this occupa year)	tast worked at lion (month end	⊅∩ spa	ime (years) nt In this upation	Other Contributory Causes of imputance:	
12. BIRTHPLACE (city (Steta or countr		n Geri	many	Our Charge Cases of Introduce:	ang.
13. NAME	Carl	Degl	er /		177
13. NAME 14. BIRTHPLACE ((Stata or co	city or town)Ger	many		Name of operation	aulopsy?
15. MAIDEN NAMI	Caroline	x Deitr	ich.	23. tf deeth wes dua to extarnal causes (VIOL ENCE) fill In also the followin	g:
16. BIRTHPLACE (CStete or c		rmany		Accident, suicide, or homicida? Date of Injury Where did Injury occur?	
17. INFDRMANT	Mrs Oswald Airey	s R.F.) .	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ACE.
18. BURIAL, CREMATIO				Mannar of injury	
19. UNDERTAKER (Address)	Camb	e Compte	Md.,	24. Wes disaese or injury in eny way releted to occupation of decaasad?	<u></u>
20. FILED aug.	29,1931	Reva	Registrar.	(Signed) (Addrass)	M. C

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(M))/	Y, PHY91-
/	T CORD	y supplied ACE should be stated EXACTLY, PHY91- in terms so that it may be properly classified. Exact
FOR BINDING	PERMAL	should be tit may be
ERVED FOR	IKTHIS IS A PERMAN	supplied ACE
111	(m) and	>

CERTIFICATE OF DEATH Registration Dist. No. Ward) Ward PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE B SINGLE, WARDING, OP DIVORCED OP DIVORCED OP DIVORCED OP DIVORCED (Note the word) (Note the word) (Note the word) If LESS than If LESS than If Ley, Ints DECUPATION (A) Trace, profession or particular kind of work OD COLOR OR INTER OD COLOR OR RACE OF DIVORCED (Note the word) If LESS than If Ley, Ints Contributory OP DEATH (State or country) ON ME OF FATHER (State or country) I SIRTHPLACE OF MOTHER (State or country) ON ME OF REGISTRATION (A) I SIRTHPLACE OF MOTHER (State or country) ON ME OF FATHER (State or country) ON MANDAM (Address) CONTRIBUTOR (Signed) ON OF RESIDENCE (For Hospital, Institutions, Trans- Sente or Resear Residents OF MOTHER (State or Country) (Informant) COMPTIANT (Address) ON ME OF (Informant) ON OF RESIDENCE (For Hospital, Institutions, Trans- Sente or Resear Residents (Informant) COMPTIANT (Address) ON OF RESIDENCE OF MOTHER (Informant) COMPTIANT (Address) ON OF RESIDENCE OF MOTHER (Informant) ON OF RESIDENCE OF MOTHER (Informant) COMPTIANT (Address) ON OF RESIDENCE OF MOTHER (Informant) ON OF RE		PLACE OF DEATH	09433 STATE OF MARYLAND
Village or City Cambridge (No. Equery Shows Shows Shows Str. Ward) 2FULL NAME GAMES MERY PERSONAL AND STATISTICAL PARTICULARS 3 SEX A COLOR OR RACE B SINGLE, MARRIED, WISCONED (Write the word) (Most) (Was) (Most) (Was) (Most) (Was) (Most) (Was) 16 DATE OF BIRTH (Most) (Day) (Was) 17 I HEREBY CERTIFY, hat I attended the descend from the composed or (employer) (Most) (Was) 18 DECUPATION (A) I Tade, profession or particular kind of work (B) General nature of industry business, or establishment in which employed or (employer) (State or country) (Informant) Control of the country (Most) (Informant) (Address) Cambridge Mark (Most) (Informant) (Informant) Cambridge Mark		County I lorchester	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS D SEX		714. 2	
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS D SEX		Village or City Cambriday (No. Eastern Sho	See Sale Hopp St.: Ward) (If death occurred in
SEX 4 COLOR OR RACE B SINGLE WINDOWS MODES OF DIVORCED		2 FULL NAME James Olbert Palme.	stend of street and
MARNIED WIRD WIND WARRIED (Annth) (Day) (Year) 15 DATE OF BIRTH MANDEM (Month) (Day) (Year) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the descrate from the date of th		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE OR DIVORCES (Write the word) (Word) (Word) (Write the word) (Word) (Signed) (Word) (Signed) (Walley) (5	MARRIED,	16 DATE OF DEATH
B DATE OF BIRTH MANONING (Day) 1927 1927 1927 1928 1927 1928 1927 1928 1927 1928 1927 1928 1	2	18 OR DIVORCED /	(Nenth) (Day) (Year)
that I last aw h. I. M. alivo on	2		
7 AGE Illess than day, hrs. day Mrs. day Mrs. day Mrs. day, hrs. day Mrs. day day Mrs. day day Mrs. day day day day day day day day da	0	Unknown I	
Contributory Cont	5	(Month) (Day) (Year)	
B DCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) P BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ASOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Info:mant) (Address) Cambridge ATE OF BURIAL (Address) Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (State or Causing Death, or, i) deaths from Viologic Causing, State (1) Means of Injury and (2) whether Accidental, Suicidal or Homiedial. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of Cathrillow (Info:mant) (Address) Cambridge (Info:mant) COUNTRING (Address) COUNTRING (Duration) (Dur	3	II LLDS than	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Info::nant) (Address) (Address) (Address) ADDRESS 20 UNDERTAKER ADDRESS ADDRESS 20 UNDERTAKER ADDRESS	2	NOOV. 69 yrs. mos. ds. or min.?	
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which employed or (employer) Description of the point of		(b) General nature of industry	
Sacondary Sacondary Sacondary Sacondary Sacondary Sacondary Description Signed Signed Signed State or country	9		(Duration) yrs ds.
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OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ADOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Info::nant) Caddress) (Address) Cambridge And Mary and		Z (State or country)	State the Disease Causing Death, or, by deaths from Wolont Causes, state (1) Means of Injury and (2) whether
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Info::nant) (Info::nant) (Address)		12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
(Informant) Castery Shore State Norwald (Address) Cambridge Mary and Castery State Norwald (Address) Castery St		13 BIRTHPLACE	At place \ In the
(Info:mant) Castern Shore State Hospital (Address) Cambridge Maryland 15 Filed Cle 17193 Elicated 20 Undertaker Former or usual residence Chester tawn Maryland 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 UNDERTAKER	3	(State or country) MNK NOWN	Where was disease contracted, V ()
(Info:mant) Gastern Thore State More to Burial or REMOVAL (Address) Cambridade Maryland 15 Filed Cless 71931 Ethiology 20 Undertaker Address 20 Undertaker	5	14 THE ASOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or Obor Var Kanni Man Ray
(Address) Cambridate Maryland 20 UNDERTAKER ADDRESS AD	0	(Informant) Eastern Shore State Hospital.	
Filed (les / 199) 22 Way	200	(Address) Cambridge Maryland	Late the Aug 181931
	0		20 UNDERTAKER ADDRESS
If more banks are nooded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		Registra	16 W. Saraton St., Balton Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,' 'Foreman,' 'Nanager,' 'Pral-Spinner, (b) Cotton mill; (a) Salesman. (b) Georgy, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (c) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer. Physician, Compositor, Architect, report specifically the occupations of For many occupations a single word or term on ilis). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. Locomolive engineer But in many persons en-

Indar pneumonia. Bronchopneumonia ("Pneumonia spinal maningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-ed term for the same disease. Examples: Cercbrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-"uphoid fever (never report "Typhoid Pneumonia")

> approved by Committee on Nomenclature of the "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Mcusles (disease as fracture of skull, and consequences (e. g., sepsis, tetangus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver would of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis." etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary) (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Whooping (Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," cough; or intercurrent) affection need not be Chronic valeular heart etc. The contributory Sarcoma,, etc., of disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate in permanently filed.

	PLACE OF DEATH	0943 STATE OF MARYLAND
	County Dorchester	CERTIFICATE OF DEATH
1		Registration Dist. No. 19
Vil	age or CiBishops Head Md?(No.	X St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME Thomas S. Pritchett	tion, give its NAME in- stead of street and numbar.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 9	ex 4 color or RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 [PATE OF BIRTH James 22 858	17 I HEREBY CERTIFY, That I attended the deceased from Afril 3 1991. to 1991,
	(Month) (Day) (Year)	that I last saw hamalive on
7 A	73 yrs. 2 mos. ds. or min.?	and that dooth occurred on the data stated above, at 4.3.2 m. The CAUSE OF DEATH * was as follows:
8 0	CCUPATION	Constitution of the second
p	a) Trade, profession or Waterman	
	o) General nature of industry usiness, or establishment in	(Durstion)yrsmosds.
-	hich employed or (employer)	Contributory
9 8	(State or country) Dorchester Co. Maryland	Secondary (Durstion) yes mos ds.
	10 NAME OF Zeb Pritchett	(Signed) 9 H January M. D.
NTS	OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ARE	of Mother Margaret Pritchett	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-
	13 BIRTHPLACE OF MOTHER (State or Country) Maryland	lents or Recent Residents) At place In the State yrs mos ds. Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of desih?
	(Address) Bushups Wead	12 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Filed aug 281981 Twilson & Pritele	G. S. Te Comte Cambridge Md
_	Registrar	
	If more blanks are needed, addrass State Registrar	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocer," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

	LACE OF D	eath orcheste	71		
	June 1				Registration Dist. No. 1/6
,	'illage or City	Cambridg	e, ma,	(1)	No. LOZ MILL DU. 9 St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
ι	ength of residence	in city or town where	death occurred		sds. How long in U.S. if of foreign birth?yrsmosd
2. F	ULL NAME.	Joseph H	. Sauer	noff	
(a) Residence: N	D. 132	Mill St (Usualplac	•	St., Ward. 7
	PERSONAL	AND STATIS		TAULT.	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX Mal	4. C	OLOR OR RACE White	5. SINGLE, MA	RRIED, WIDOWED,	21. DATE OF DEATH August. 27 1931 y3. (Year)
HU	SBAND of Cla	divorced ra E. Ho	pkins		22. I HEREBY CERTIFY That I attanded deceased fro
6. DATE	OF BIRTH (month	, day, and year) ${ m F}$	ebruary	2 1857.	I last saw h has alive on aug. 24 ,19 4 ; death is sa
7. AGE	Years 74	Months 6	Days 25	If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, \$\overline{A}_{\text{o}} \overline{5}_{\text{o}} \overline{A}_{\text{o}} \overline{M}_{\text{o}} \end{area}. The PRINCIPAL CAUSE OF DEATH and related causes of importance
5		one, as SPINNER, (KEEPER, atc	Retire	ā.	Carlinoma Malvilla
8.	ndustry or busine work wes done SAW MILL, BA	as SILK MILL,	x		(min any)
10.	Data decaased last	worked at (month and x	▼ sp	time (years) ant in this cupation	
12. BIRT	State or country)	wn) Balti	Maryta	nā	Other Contributory Canses of Importanca:
		ry Sauer			
-	BIRTHPLACE (city (State or count	or town) New	74.0	- •	Name of operation
15.	MAIDEN NAME	Sarah E.	Jeffri	es	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
p-= 1	SIRTHPLACE (city	or town)	Pa.		Accident, suicide, or homicide? Date of Injury, 19
		Sophia P			Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE.
	AL, CREMATION, C			8/30/3I.	Manner of injury
	ERTAKER G.	S. LeCom Cambrid	pte. ge, Md.	•	24. Was disease or injury in any way related to occupation of decassed? W
20 FILE	aug. 29		98h) olss	(Signed) Careholy My,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

G. S. LeCompte. Cambridge, Md., (Address) Cambidge md. Registrar.

		or institution, give its NA U.S. if of foreign birth?	ME instead of stree	
St.,	Ward.	4. If nonreside	ent give city or tow	n and State
	MEDIC	AL CERTIFICAT	TE OF DEAT	H
21. DAT	E OF DE			TOET
		August (Month)	22 (Day)	I93I (Year)
	nely have alive	EBY CERTI , 1937 , to e on Oug, ate stated above, at	FY, That I atte ang 2 21, 19 I A.m. M.	ended deceased from 1931; death is said
The PRING	CIPAL CAUSE (F DEATH and retated ca	uses of importance	
were as fo	ollows:			Date of onset
arti Val	ris Se	Cort Discon		1930
Other Con	tributory Caused	of importance: tati juntus		1929 July 1921
Name of o	neration	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Date	of .
		osis?		
		ernal causes (VIOL ENCE		
		cide?		
	Injury occur?			
Specify wi	hether injury oc	(Specify city curred in tNDUSTRY, in	or town, county ar HOME, or in PUBL	nd State) tC PLACE.
				12 24
		n any way related to occ	supation of decease	d?
	cify	57	Ewalf	/
(Sign	ed)	ح	Thomas	M. D.

19. UNDERTAKER (Address)

20. FILED Crus, 23 193/

BINDING

FOR

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemarrhage	July 5,1927	Peritanitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastraenteritis ·	1 year

ADDITIONAL SPA	CE FOR	FURTHER.S	TATEMENTS	BY	PHYSICIAN
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BINDING

FOR

ARGIN RESERVED

S. No.

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Ex	ample I CEIVE		Example II	
The principal cause of deat of importance were as follo	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	
		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	TOTAL TIME	= 1921	Run over by street car	1 week ago
Cerebral hemorrhage	200 200	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

No.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The Locomotive (4) engineer, material Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-point fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The n ture of the injury, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ('hronic Example: Measles (disease valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	99 (9439
County bushista	Registration Dist. No. 114
Village or City 74 ills 07-	No. St, Ward
90	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME ann moure Tho	7/1/4/4
(a) Residence: No. Hells P.F.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH Quy 3 / (Month) (Day) (Year)
5a. If merried, widowed or divorced HUSBAND of (or) WIFE of Cames Rufus Thomas	22. I HEREBY CERTIFY. That I ettended deceased from 193/, to ang /5 193/
6. DATE OF BIRTH (month, day, and year) /843- Och 25	Hast saw how alive on aug 14 198 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 P.m.
88 # 10 3 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER BOOKKEEPER etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	altina Selinis -
work was done, es SILK MILL,	
10. Oato deceased last worked at this occupation (month end spent in this occupation was pearly occupation this occupation the spent in the spent	
12. BIRTHPLACE (city or town) & W. Co Tul	Other Contributary Causes of importance;
13. NAME Thomas & budden 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Wes there en eulopsy?
15. MAIDEN NAME Com & pudden 16. BIRTHPLACE (city or town) W	23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town) W.L.	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MAS Love 75 7 tromas (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 19 0ate 2 1 193/	Nature of Injury
19. UNDERTAKER Q. S., S. Comp to	24. Was disease er injury in any way releted to occupation of deceesed?
(Address) lambdage	If so, specify
20. FILED CING Of , 1931 & a SFHUS	(Signed) St. A. A. A. D. (Address) Cumus will my (
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	and the same of th	Example II	
The principal cause of dear of importance were as follow Arteriosclerosis	h and related causes ws: ECEIVE	Date of poset	The principal cause of death and related causes of importance were as follows: Altack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	S_F 1 .991	1921	Run over by street car	1 week ago
Cerebral hemorrhage	2021	July 5, 1927	Peritonitis	3 days ago
	BURRAU V.	2.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallslones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No.

S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEAT				(10)
County Dorchester				Registration Dist. No.
Village or City	Hoope	ersville		No. St, Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In cit	y or town where d	leath occurred		
2. FULL NAME	Ellen	Virgina	Tyler	
(a) Residence: No	Но	opersvi (Usual place	lle, Md.	9 St., Ward. 6 If nonresident give city or town and State
PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	r or race	5. SINGLE, MARI OR DIVORCEI Sing	RIED, WIDOWED, (write the word) (Le	21. DATE OF DEATH August 25 1931, fg3 (Year)
5a. If merried, widowed, or divo HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day	and year) De	ecember	14 1930	1 lest sew have elive on Gua 25 , 19.3 \ deeth Is said
7. AGE Years	Months 8	Days II	If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
8. Trade, profession, or pe kind of work done, SAWYER, BOOKKEE	es SPINNER, PER, etc	x		Dianlore g 32 Entente ang 20/
9. Industry or business in work wes done, es S SAW MILL, BANK, e	ILK MILL,	x		- Meas
10. Dato deceased last wor this occupation (mor year)	ked et	11. Total ti	mo (years) it in this pation	(under 2 year)
12. BIRTHPLACE (city or town). (State or country)	Hoope	rsville,	Md.,	Other Cantributory Causes of importance:
# 13. NAME Alive	r W. Ty	ler		
13. NAME ALIVED 14. BIRTHPLACE (city or to (State or country)			lle, Md.,	Name of operation Date of What test confirmed diagnosis? West there an autopsy?
ដី 15. MAIDEN NAME	Ellen A			23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Ellen Ashton 16. BIRTHPLACE (city or town) Hoopersville, Md., (State or country) Dorchester, County			ounty	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Oliver W. Tyler. (Address) Hoopersville, Md.,				(Specify charge or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hoopersville, Md., 8/26/319.				Manner of injury
19. UNDERTAKER G. S. Le Compte. (Address) Cambridge, Md.,				24. Was disease er Injury in eny way related to occupation of deceesed?
20. FILED Chang 35, 1		nes W.V	neade Registrar.	(Signed) fames w. he are M. G. (Address) draling well had
•	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased lad retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes Date of of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	L hen = 1001	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUNGATI	July 5, 1927	Peritonitis	3 days ago	
		='1			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

BINDING

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death of importance were as follow		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	arm olive	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Ccrebral hemorrhage	BURBAL	July 5, 1927	Peritonitis	3 days ago
	1	-		
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 8 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1931	Run over by street car	1 week ago
Corebral hemorrhage	BUREAU V.	July 5,1927	Perilonilis	3 days ago
1		3		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year